



Wisconsin Department of Public Instruction
**REQUEST FOR DUPLICATE
EDUCATOR LICENSE**
PI-1602-DUP (Rev. 3-05)
Page 1

FOR INFORMATION CONTACT:

Telephone No. (608) 266-1027
Voice Mail No. 1-800-266-1027
Web Site www.dpi.state.wi.us/dlsis/tel

We do not accept requests by FAX.

WE WANT TO DO AN EXCELLENT JOB FOR YOU. HERE IS HOW YOU CAN HELP.

- ◆ Submit this form only if you are requesting a duplicate printed paper license for a **current** Wisconsin educator license. Licensure can also be confirmed, at no charge, using the DPI license data base search at www.dpi.state.wi.us/dlsis/tel/lisearch.html
- ◆ A copy of a life license may be obtained only if the life license is **valid**. A life license is invalid if for five or more consecutive years the holder is not actively employed in a position in the teaching profession.
- ◆ This request form must be notarized. For information on notarization see www.dpi.state.wi.us/dlsis/tel/notary.html
- ◆ Please type or print legibly using black or blue ink. Make a copy of this request form for your files.

INSTRUCTIONS

- I. Licensee Information:** Fill in all sections. Provide a primary phone number where you can be reached between 8 a.m. and 4 p.m. Central Standard Time. Provide the begin and end dates of your current educator license(s). **Duplicates will not be issued for expired licenses or invalid life licenses.**
- II. Life License Validity Statement:** A duplicate copy of a life license will be issued only if the life license is still valid. For a life license to be valid, the holder must remain actively employed in the teaching profession. Any period of five or more consecutive years where the life license holder was not employed in the teaching profession will invalidate the life license. If you are requesting a duplicate life license, you must answer all questions in Section II of page two.
- III. Notarization:** The licensee must provide proper identification and sign the request in the presence of a notary public.

PAYMENT INSTRUCTIONS

Fee payment (\$50) must be mailed with your request. Since the fee covers the cost of review and processing, **NO REFUNDS WILL BE MADE**, regardless of whether or not a current license can be provided. The fee is subject to change without notice.

CHECK OR MONEY ORDER: Make check or money order payable for \$50 to: Department of Public Instruction. *Do not mail this page (page 1) when paying by check or money order. Attach the check or money order securely to the top of page 2 (the page containing licensee information).*

CREDIT CARD: Fill in below and attach to the application. We accept **only** MasterCard and VISA. We do not accept debit cards. This credit card payment page must have an *original signature* and will be retained by our bank. Since this page will not be forwarded to our licensing consultants, *be sure that the reverse side does not contain any information needed to process your request*. When paying by credit card, **attach this page on top** before mailing.

Account Number	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA																				
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Expiration Date			—		
Month				Year	

Amount
\$50

Print or Type Cardholder Name
Signature
➤

MAILING INSTRUCTIONS (Do not FAX)

The request form and payment must be mailed (regular 1st class U.S. mail only) to DPI's bank for payment processing before the request can be reviewed. The bank then couriers the request to Madison for processing by licensing consultants. **Do not mail or fax the request to DPI's Madison office. If sent to Madison, review of your request will be significantly delayed.**

Mail your notarized request form with payment to:

DPI Teacher Licensing, Drawer 794, Milwaukee, WI 53293-0794



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This form is available at www.dpi.state.wi.us/dlsis/tel/applications.html

I. LICENSEE INFORMATION

Legal Name <i>First</i>	<i>Middle</i>	<i>Last</i>
Previous Name(s)	Social Security Number *	Date of Birth <i>Mo./Day/Yr.</i>
Address		P.O. Box
City	State	Zip Code Zip Plus 4 digits
Primary Telephone (<i>include area code</i>)	Ext.	Alternate Telephone (<i>include area code</i>) Ext.
Email Address	Current Wisconsin Educator License Issue Year	Expire Year

II. LIFE LICENSE VALIDATION

1. Is the license, for which you are requesting a duplicate, a **life** license?

☐ Yes *If Yes, Indicate current or most recent employment in the teaching profession. Also respond to Question 2.*

School District	From <i>Mo./Day/Yr.</i>	To <i>Mo./Day/Yr.</i>
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☐ No *Stop*

2. Have you remained active in the teaching profession since obtaining life licensure (no periods of five or more consecutive years where you were not employed in the teaching profession)?

☐ Yes

☐ No

III. NOTARIZATION

Licensee Name <i>Print or type</i>	Sworn and signed before me this _____
Signature (Sign in blue or black ink, in presence of Notary Public)	day of _____
	in the year _____.
Wisconsin Statutes require all notaries publics to affix a clear impression of their official notarial seal or stamp every time a notarial act is performed	Notary Public, _____
SEAL	My commission expires on _____
	For Bank Use Only
* Collection of social security number is a requirement of s. 118.19(1m) and (1r).	Amount of Remittance \$50
	Date Stamp